

Dup
Jewett. (c)

A Case of Cæsarean Section.

BY

CHARLES JEWETT, M. D.,

BROOKLYN,

Professor of Obstetrics in the Long Island College
Hospital.

REPRINTED FROM

The New York Medical Journal
for August 29, 1885.



A CASE OF CÆSAREAN SECTION.*

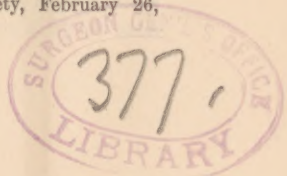
BY CHARLES JEWETT, M. D., BROOKLYN,

PROFESSOR OF OBSTETRICS IN THE LONG ISLAND COLLEGE HOSPITAL.

THE subject of this report was a woman of about forty-six years, of Irish birth, the mother of ten children—the youngest four years of age, the eldest seventeen. She presented herself in the out-door department of the Long Island College Hospital, at the clinic of Dr. Ernest Palmer, in August, 1883. Dr. Palmer made the diagnosis of pregnancy, with cancer of the cervix. At the seventh month of gestation she entered St. Mary's Hospital, service of Dr. John Byrne. Dr. Byrne proposed amputation of the cervix with the galvano-caustic loop, but the patient declined the operation and left the hospital. December 9, 1883, was admitted to the lying-in department of the Long Island College Hospital. At this time she was weak and anæmic from frequently recurring hæmorrhages, complained of constant pelvic pain, and slept little or none except by the aid of opium. During the waiting period her temperature did not exceed 99° F. The pulse ranged from 94 to 108. The malignant growth now involved the supra-vaginal portion of the cervix, and had commenced to invade the vagina.

Labor-pains began at 11 A. M., December 26th. At 8 P. M., though the pains had become severe, the cervix remained hard and unyielding, barely admitting the finger. The membranes were still intact. Delivery by the natural passages was evi-

* Read before the Brooklyn Pathological Society, February 26, 1885.



dently out of the question. The hospital staff concurring, it was therefore determined to deliver by Cæsarean section. This operation was accordingly done in the presence of the hospital staff and a number of students, Dr. Skene, Dr. Palmer, and Dr. Thallon assisting. The patient had been removed from the maternity to a large, well-ventilated ward, previously disinfected. The abdominal surface in the field of operation was shaved, cleansed with soap and water, and then sponged with ether and with the bichloride solution. When the patient had been placed under ether, the abdominal incision was made through the linea alba, from the umbilicus to a point about two inches above the pubes. A loop of stout rubber tubing was then passed over the uterus, and slipped down behind it till it encircled the cervix. This constrictor was drawn taut enough to control the blood supply, tied in a single knot, and the knot held with a large Péan forceps. The uterus was drawn up into the abdominal wound by traction upon the constricting tube. A very short incision was made in the uterine wall just above the cervix. A few light touches of the knife uncovered the membranes, the muscular tissues retracting from the line of incision. A blunt-pointed bistoury was plunged through the membranes, and the incision rapidly extended upward to a point short of the fundus. The foetal head was immediately seized with both hands, and the child, a living male of seven pounds and a half, extracted. The uterus instantly contracted, partially expelling the placenta through the wound, and at the same time it was tilted out through the abdominal incision by traction on the constricting tube. The membranes were now carefully detached. The uterine cavity was cleansed and well mopped with a sponge wet with the bichloride solution, and a pencil of iodoform was deposited therein. A utero-vaginal drainage-tube, of half-inch perforated rubber tubing, was passed down through the cervix, terminating below at the vulva and above near the fundus. The uterine wound was closed with deep and superficial sutures of sublimated silk. The deep sutures included the entire thickness of the uterine wall, except the decidua. The superficial sutures were passed as follows: A fold of peritonæum was lifted near the edge of the uterine incision, and parallel with it. The

sutures were passed transversely through this fold, and through a similar fold on the opposite side of the wound, thus twice perforating the peritonæum on either side of the incision. On tying the sutures, therefore, two free surfaces of peritonæum were brought in contact. The uterus, which had been drawn up through the abdominal incision on extraction of the foetus, was now dropped back into the abdominal cavity. But slight oozing of blood occurred into the vagina on removing the constricting tube. The peritonæum was cleansed with hot aseptic sponges, a drachm or two only of fluid being obtained. The abdominal wound was closed with sublimated silk sutures. A long, curved glass drainage-tube was passed down beside the uterus into Douglas's pouch, emerging between the sutures of the abdominal wound. A dressing of sublimated cotton was applied over the abdomen, and marine lint to the vulva. The mouth of the abdominal tube was closed with an antiseptic sponge and rubber tissue in the usual manner. A partial antiseptis was observed throughout, a five-per-cent. solution of carbolic acid being used for instruments and a 1-to-1,000 bichloride solution for other purposes. The uterus, while turned out of the abdomen, was enveloped with towels wrung out of hot disinfectant solution, frequently changed, and the upper portion of the abdominal incision was protected with similar covering to prevent prolapse of intestines. The patient was removed from the table with a pulse of 120. An hour later, pulse 110, temperature 99°. There was little or no vomiting after the anæsthetic. During the first twenty-four hours the patient was comfortable, with the aid of occasional small doses of morphia, upon which she had already become dependent, and recovery seemed probable. At the end of that time the abdominal tube showed accumulation of fluid in the peritoneal cavity, at first clear and subsequently turbid, and the temperature rose to 102.6°. Death followed in forty-five hours after the operation.

A complete autopsy could not be had. The abdominal wound, which had united throughout, except at the seat of the drainage-tube, was reopened, and the uterus and appendages removed. The peritonæum was everywhere injected and flecked

with fibrin—diffuse peritonitis. The cavity contained a small accumulation of turbid serum. The uterine incision had united throughout from the decidual to the peritoneal surface. Its muscular structure, but for the malignant growth, was apparently normal. The cavity contained a firm blood-clot, perfectly sweet, and still yielding the odor of iodoform. The peritonitis was thought to be due to an outbreak of erysipelas which had occurred in the general hospital service a few days before the operation, and which had also infected a maternity patient delivered on the same day with the Cæsarean case. The uterus as presented, after lying several months in alcohol, measures in length seven inches on its posterior and seven inches and a half on its anterior surface externally, and in width four inches at the level of the Fallopian tubes. The anterior wall shows the line of incision three inches and a half in length, and securely closed throughout. The direction of the incision is slightly oblique, indicating a slight right obliquity of the uterus at the moment of incision. Twenty deep and superficial sutures can be counted, though there are probably others that have escaped detection.

Remarks.—The statistics of the Cæsarean operation in this country, thanks to the researches of Dr. R. P. Harris, are well-nigh or quite complete. The case now reported, writes Dr. Harris, “is the one hundred and thirty-fourth in the United States. It is the seventh hospital operation, and is the only case of Cæsarean section in this country for cancer of the cervix.

“Of the one hundred and thirty-four women, fifty-three were saved. All the hospital operations were fatal.

“Of seven Cæsarean operations in the United States since April 6, 1884, all were fatal to the mothers, and all but the above case fatal to the children.

“There have been thirty-three operations in the last decade, and twenty-five of them fatal; four of the latter in New York State. Thus the percentage saved has greatly

fallen off by the work of ten years, when it should have increased. The great fatality was due mainly to delay, the women being worn out with labor before the operation.

"We now number in North America, the United States included, one hundred and forty-three operations, with sixty women saved.

"In Great Britain, up to May, 1879, there had been one hundred and thirty-two Cæsarean cases, of which twenty-three were saved and one hundred and nine lost.

"Seventy-seven children were saved and fifty-five lost. In twelve of the above cases the operation was done owing to cancer of the cervix. In this number four women and ten children were saved. Thus it will be seen that in England operations for cancer have been much more successful than for any other form of obstruction."

The general record of Cæsarean section, however, does great injustice to its capabilities. Dr. Lusk has shown that the mortality of the Cæsarean operation has been due in a great part to untimely interference and to other causes not inherent in the operation itself. In cases operated early, the statistics of Dufeilhay, cited by Dr. Lusk, show eighty-one per cent. of women saved. In another series of sixty-one operations in rural districts there were more than seventy-eight per cent. of recoveries.

But even the best results thus far obtained are, with very few exceptions, those of the unimproved operation. The recent improvements in the technical methods of operating give promise of still better results. A prominent cause of death after Cæsarean section has been the tendency of the uterine wound to gape, thus permitting the escape of lochia into the peritoneal cavity. Various plans of treating the uterine incision have been proposed with a view to obviate this danger. Among them may be mentioned the methods of Sängér, Kehrer, Pillore, Frank, and Cohnstein,

which, with others, will be found fully discussed in a recent paper by Dr. Garrigues.*

The plan pursued in the foregoing case has the advantage of simplicity, and is doubtless no less effectual than the more elaborate method of Säger.

The constrictor relieves the operation of a formidable complication and adds to the chances of success, for, while hæmorrhage is rarely of itself alone the cause of death, it contributes to the fatal issue.

The large proportion of successes in rural districts shows what is possible for antiseptics. Yet it is doubtful if any thoroughness of antiseptic detail can justify operating in a hospital.

Germany is already beginning to reap the fruits of the improved technique, Leopold, of Dresden, having saved three women with their children by the Säger method.†

In timely operation with the precautions now thrown about ovariectomy, Cæsaean section should not fall much behind the record of other laparotomies.

* "Amer. Jour. Obstet.," April, 1883, *et seq.*

† Dr. Harris writes, since this paper was written, that Germany has had eight operations after Säger's method of suturing, two modified (without the resection), and has saved six women and eight children.

The New York Medical Journal,

A WEEKLY REVIEW OF MEDICINE.

PUBLISHED BY
D. Appleton & Co.



EDITED BY
Frank P. Foster,
M. D.

THE NEW YORK MEDICAL JOURNAL, now in the twenty-first year of its publication, is published every Saturday, each number containing twenty-eight large, double-columned pages of reading-matter. By reason of the condensed form in which the matter is arranged, it contains more reading-matter than any other journal of its class in the United States. It is also more freely illustrated, and its illustrations are generally better executed, than is the case with other weekly journals.

It has a large circulation in all parts of the country, and it is largely on this account that it is enabled to obtain a high class of contributed articles, for authors know that through its columns they address the better part of the profession; a consideration which has not escaped the notice of advertisers, as shown by its increasing advertising patronage.

The special departments of the JOURNAL are as follows:

LECTURES.—The frequent publication of material of this sort is a prominent feature, and pains are taken to choose such as will prove valuable to the reader.

ORIGINAL COMMUNICATIONS.—In accepting articles of that class, regard is had more particularly to the wants of the general practitioner, and all the special branches of medicine are duly represented.

BOOK NOTICES.—Current publications are noticed in a spirit of fairness, and with the sole view of giving information to the reader.

CLINICAL REPORTS are also a regular feature of the Journal, embracing clinical records from the various hospitals and clinics, not only of New York, but of various other cities, together with clinical contributions from private practice.

EDITORIAL ARTICLES are numerous and carefully written, and we are able to give timely consideration to passing events.

MINOR PARAGRAPHS.—Under this heading are given short comments and notes on passing events.

NEWS ITEMS contain the latest news of interest to the profession.

OBITUARY NOTES announce the deaths which occur in the ranks of the profession, with a brief history of each individual when practicable.

SOCIETY PROCEEDINGS are given promptly, and those of a great number of societies figure. At the same time we select for publication only such as we think profitable to our readers.

REPORTS ON THE PROGRESS OF MEDICINE constitute a feature of the Journal which we have reason to think is highly valued by our readers.

MISCELLANY includes matter of general interest, and space is also given for

NEW INVENTIONS and **LETTERS TO THE EDITOR.**

As a whole, we are warranted in saying that the NEW YORK MEDICAL JOURNAL is regarded with the highest favor by its readers and by its contemporaries.

Subscription price, \$5.00 per annum.

